

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Cruz for President**

**A. Full Name (Last, First, Middle Initial)**

**MR. WILLIAM C. CALLAWAY JR.**

Mailing Address 120 WALKING HORSE LN

City	State	Zip Code
GREENVILLE	MS	38701-9550

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**TRUSTMARK NATIONAL BANK**

Occupation  
**LENDER**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.538179**

Date of Receipt

**09 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**B. Full Name (Last, First, Middle Initial)**

**MR. AARON D. CALLEN**

Mailing Address 11941 YARMOUTH LN

City	State	Zip Code
FORT WORTH	TX	76108-4791

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**SELF-EMPLOYED**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

**Transaction ID : SA17.487781**

Date of Receipt

**09 / 16 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**C. Full Name (Last, First, Middle Initial)**

**MR. DAVID CALLENDINE**

Mailing Address 1316 HOOKRIDGE DR

City	State	Zip Code
EL PASO	TX	79925-7829

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**BHD**

Occupation  
**RETAIL**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

**Transaction ID : SA17.467982**

Date of Receipt

**08 / 28 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**Subtotal Of Receipts This Page (optional)**.....

900.00

**Total This Period (last page this line number only)**.....